

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **January 16-31, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

## 2. DATE SUBMITTED

Applicant Identifier

## 3. DATE RECEIVED BY STATE

State Application Identifier

## 4. Federal Identifier

## 1. TYPE OF SUBMISSION

- ☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 092530359

\* Legal Name: The Regents of the University of California

Department: Off of Contract &amp; Grant Admin

Division: University of Cal, Los Angeles

\* Street1: 11000 Kinross Avenue, Suite 102

Street2:

\* City: Los Angeles

County: Los Angeles

\* State: CA: Califon

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90095-1406

RECEIVED

JAN 18 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Ms. Kristin

Lund

\* Phone Number: 310-794-0171

Fax Number: 310-794-0631

Email: doe@resadmin.ucla.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

956006143

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☐ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Templated Nanoporous Materials for Next Generation Electrochemical Capacitors

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Los Angeles, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

08/01/2008

07/31/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-030

CA-030

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Prof. Sarah

Tolbert

Position/Title: Professor

\* Organization Name: School of Letters and Sciences

Department: Chemistry and Biochemistry

Division: University of Cal, Los Angeles

\* Street1: 607 Charles Young Drive East

Street2: Box 2037A Young Hall

\* City: Los Angeles

County: Los Angeles

\* State: CA: Califon

Province:

\* Country: UNITED ST

\* ZIP / Postal Code: 90095-1406

\* Phone Number: 310-206-4767

Fax Number:

\* Email: tolbert@chem.ucla.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="788,494.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="788,494.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 100px;" type="text" value="01/17/2008"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
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**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>					
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:	
Ms.	Kristin		Lund		
* Position/Title:	Grant Analyst		* Organization:	The Regents of the University of California	
Department:	Off of Contract & Grant Admin		Division:	University of Cal, Los Angeles	
* Street1:	11000 Kinross Avenue, Suite 102		Street2:		
* City:	Los Angeles	County:	Los Angeles	* State:	CA: Californi
Province:		* Country:	UNITED ST	* ZIP / Postal Code:	90095-1406
* Phone Number:	310-794-0171	Fax Number:	310-943-1656	* Email:	klund@resadmin.ucla.edu
<b>* Signature of Authorized Representative</b>			<b>* Date Signed</b>		
Completed on submission to Grants.gov			Completed on submission to Grants.gov		

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Number: 4040-0001

Expiration Date: 04/30/2008

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>* 3. Date Received:</b> [ ]		<b>* 4. Applicant Identifier:</b> [ ]
<b>5a. Federal Entity Identifier:</b> [ ]		<b>* 5b. Federal Award Identifier:</b> [ ]
<b>State Use Only:</b>		<b>6. Date Received by State:</b> [ ]
<b>7. State Application Identifier:</b> [ ]		<b>8. APPLICANT INFORMATION:</b>
<b>* a. Legal Name:</b> Lake Elsinore, City of		<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 95-6000707
<b>* c. Organizational DUNS:</b> 021798863		<b>d. Address:</b>
<b>* Street1:</b> 130 South Main Street		<b>Street2:</b> [ ]
<b>* City:</b> Lake Elsinore		<b>County:</b> Riverside
<b>* State:</b> California		<b>Province:</b> [ ]
<b>* Country:</b> USA: UNITED STATES		<b>* Zip / Postal Code:</b> 92530
<b>e. Organizational Unit:</b>		<b>Department Name:</b> Redevelopment Agency
<b>Division Name:</b> Economic Development		<b>f. Name and contact information of person to be contacted on matters involving this application:</b>
<b>Prefix:</b> [ ]		<b>* First Name:</b> Steven
<b>Middle Name:</b> [ ]		<b>* Last Name:</b> McCarty
<b>Suffix:</b> [ ]		<b>Title:</b> Redevelopment Project Manager
<b>Organizational Affiliation:</b> The Redevelopment Agency of the City of Lake Elsinore		<b>* Telephone Number:</b> 951-674-3124, ext. 314
<b>* Fax Number:</b> 951-674-2392		<b>* Email:</b> smccarty@lake-elsinore.org

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

C. City Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

U.S. Economic Development Administration, Department of Commerce

## 11. Catalog of Federal Domestic Assistance Number:

11.300

CFDA Title:

Grants for Public Works and Economic Development Facilities

## \* 12. Funding Opportunity Number:

EDA022206

\* Title:

FFO Announcement for Economic Development Assistance Programs  
authorized by the Public Works and Economic Development Act of  
1965, as amended

## 13. Competition Identification Number:

N/A

Title:

N/A

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Cities: City of Lake Elsinore and surrounding region (e.g., Canyon  
Lake, Murrieta, Temecula); County: Riverside County; State:  
California

## \* 15. Descriptive Title of Applicant's Project:

Lake Elsinore Technology Center: Business Incubator Project (see  
the attached map of project location and the attached summary  
description of project)

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-049

\* b. Program/Project CA-049

Attach an additional list of Program/Project Congressional Districts if needed.

(see attached list)

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 07/2008

\* b. End Date: 07/2009

## 18. Estimated Funding (\$):

* a. Federal	2,600,000
* b. Applicant	3,257,500
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	5,857,500

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 01/18/2008
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No Explanation

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. \* First Name: Robert

Middle Name: A.

\* Last Name: Brady

Suffix:

\* Title: City Manager

\* Telephone Number: 951-674-3124

Fax Number: 951-674-2392

\* Email: bbrady@lake-elsinore.org

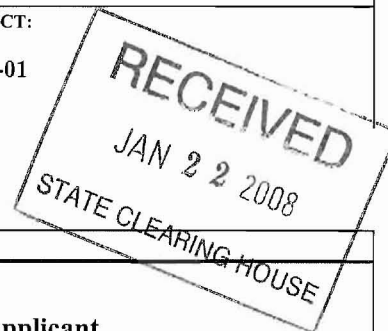
\* Signature of Authorized Representative:

\* Date Signed: 01/18/2008

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Standard Form 424 (Revised 10/2005)  
Prescribed by OMB Circular A-102

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED 1/15/08	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<b>5. APPLICANT INFORMATION</b>			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>	
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award   B Decrease Award   C Increase Duration D Decrease Duration   Other (specify)		A State                      H Independent School Dist. B County                    I State Controlled Institution of Higher Learning C Municipal                J Private University D Township                K Indian Tribe E Interstate                L Individual F Intermunicipal        M Profit Organization G Special District       N Other (Specify) _____	
		<b>State Chartered Transit District</b>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5316</b>		9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Long Beach Transit JARC, CA-37-X082-01</b>	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date <b>7/1/07</b>	Ending Date <b>12/31/09</b>	a. Applicant <b>Districts 34, 36 through 39, and 46</b>	b. Project <b>Same as Applicant</b>



15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 219,024.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  DATE <u>1/15/08</u>  b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372  <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$ .00		
c State	\$ .00		
d Local	\$ 219,024.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  <input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 438,048.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a Typed Name of Authorized Representative <b>GLADYS LOWE</b>		b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative 		e. Date Signed <b>1-16-08</b>	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> January 4, 2008	Applicant Identifier	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<b>5. APPLICANT INFORMATION</b>				
Legal Name:		Organizational Unit:		
City of Visalia		Department: Airports		
Organizational DUNS: 169-200011		Division:		
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)		
Street: 707 West Acequia		Prefix: Mr.	First Name: Mario	
City: Visalia		Middle Name		
County: Tulare		Last Name Cifuentez		
State: California	Zip Code 93291	Suffix: II		
Country: USA		Email: mcifuentez@ci.visalia.ca.us		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000449		Phone Number (give area code) (559) 713-4480	Fax Number (give area code) (559) 713-4827	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) C. Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106 TITLE (Name of Program): Airport Improvement Program		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration		
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): County of Tulare		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Visalia Municipal Airport, Visalia, Tulare County, California See Page 2 of FAA Standard Form 424		
<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 19 b. Project 21		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 2,881,350.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: January 7, 2008		
b. Applicant	\$ 711,850.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ .00			
g. TOTAL	\$ 3,593,200.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
a. Authorized Representative				
Prefix Mr.	First Name Mario	Middle Name		
Last Name Cifuentez		Suffix II		
b. Title Airport Manager		c. Telephone Number (give area code) (559) 713-4480		
d. Signature of Authorized Representative		e. Date Signed 1.11.08		

Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

## 2. DATE SUBMITTED

01/22/2008

## Applicant Identifier

## 3. DATE RECEIVED BY STATE

## State Application Identifier

## 4. Federal Identifier

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 124726725

\* Legal Name: The Regents of the University of California

Department: Sponsored Projects Office

Division:

\* Street1: 2150 Shattuck Ave. Suite 313

Street2:

\* City: Berkeley

County: Alameda

\* State: CA: Californi

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94704-5940

RECEIVED

JAN 23 2008

STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Patricia

Gates

\* Phone Number: (510)642-8109

Fax Number: (510)642-8236

Email: SPO\_grants\_gov@lists.berkeley.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

94-6002123

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☒ New☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☒ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☒ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☐ E. Other (specify)

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

\* Is this application being submitted to other agencies? Yes ☐ No ☒

What other Agencies?

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Exploring the spin-spin and spin-charge interactions of MBE grown magnetic ultrathin films using electron spectroscopy and microscopy

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Berkeley, Alameda, CA

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

06/01/2008

05/31/2011

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-009

CA-009

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name:

Middle Name:

\* Last Name:

Suffix:

Prof. Zi

Qiu

Position/Title: Associate Professor

\* Organization Name: The Regents of the University of California

Department: Physics

Division:

\* Street1: 366 LeConte Hall

Street2:

\* City: Berkeley

County: Alameda

\* State: CA: Californi

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 94720-7300

\* Phone Number: (510)642-2959

Fax Number: (510)643-8497

\* Email: qiu@socrates.berkeley.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2****16. ESTIMATED PROJECT FUNDING**

a. \* Total Estimated Project Funding 450,000.00  
b. \* Total Federal & Non-Federal Funds 450,000.00  
c. \* Estimated Program Income 0.00

**17. \* IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: 01/22/2008

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix: \* First Name: Patricia Middle Name: \* Last Name: Gates Suffix:  
\* Position/Title: Assistant Director, Federal Projects \* Organization: The Regents of the University of California  
Department: Sponsored Projects Office Division:  
\* Street1: 2150 Shattuck Ave. Suite 313 Street2:  
\* City: Berkeley County: Alameda \* State: CA: California  
Province: \* Country: UNITED ST \* ZIP / Postal Code: 94704-5940  
\* Phone Number: (510)642-8109 Fax Number: (510)642-8236 \* Email: SPO\_grants\_gov@lists.berkeley.edu

\* Signature of Authorized Representative

Completed on submission to Grants.gov

\* Date Signed

Completed on submission to Grants.gov

**20. Pre-application**

Add Attachment

**21. Attach an additional list of Project Congressional Districts if needed.**

Add Attachment

OMB Number: 4040-0001

Expiration Date: 04/30/2008

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application  Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/24/2007	Applicant Identifier 07-432	
		3. DATE RECEIVED BY STATE	State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	

5. APPLICANT INFORMATION	
Legal Name: San Joaquin Valley Unified Air Pollution Control District	Organizational Unit: Department: Administration
Organizational DUNS: 786808394	Division: Administrative Services Division
Address: Street: 1990 East Gettysburg Avenue	Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Ryan
City: Fresno	Middle Name: L
County: Fresno	Last Name: Kincaid
State: CA Zip Code: 93726-0244	Suffix:
Country: USA	Email: ryan.kincaid@valleyair.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  77-0262563	Phone Number (give area code) (559) 230-6020 Fax Number (give area code) (559) 230-6063
8. TYPE OF APPLICATION:  <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types) G. Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-0001	9. NAME OF FEDERAL AGENCY: EPA - Region 9
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, & Tulare County.	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Clean Air Act Section 105
13. PROPOSED PROJECT Start Date: 10/01/2007 Ending Date: 09/30/2008	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 0611 0618 0619 0620 0621 0622 b. Project 0611 0618 0619 0620 0621 0622
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 2,028,348.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 07/11/2005
b. Applicant \$ 8,949,104.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ .00	
g. TOTAL \$ 10,977,452.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix Mr. First Name Seyed Middle Name	
Last Name Sadredin Suffix	
b. Title Executive Director / A.P.C.O. Signature of Authorized Representative	c. Telephone Number (give area code) (559) 230-6020 e. Date Signed 07/24/2007

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <b>SF 424 (R&amp;R)</b>		<b>2. DATE SUBMITTED</b> 28 January, 2008	<b>Applicant Identifier</b>
<b>1. * TYPE OF SUBMISSION</b>		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FG36-08GO18031	
<b>5. APPLICANT INFORMATION</b> * Organizational DUNS: 785331732 * Legal Name: Hamilton Sundstrand Corporation Department:      Division: Space, Land & Sea Rocketdyne * Street 1: 6633 Canoga Ave      Street 2: * City: Canoga Park      County: Los Angeles      * State: CA      * ZIP Code: 91303 * Country: U.S.A.			
Person to be contacted on matters involving this application: Prefix:    * First Name      Middle Name      * Last Name      Suffix: Gregory      Scott      Pomatto * Phone Number: (818) 586-8145      Fax Number: (818) 586-1191      * Email: gregory.pomatto@pwr.utc.com			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 061543584		<b>7. * TYPE OF APPLICANT: Q</b> Select Appropriate Applicant Type Code	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Woman Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Department of Energy	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.041 Title: State Energy Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Solar Power Molten Salt Pump Salt Development			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Los Angeles, County of Los Angeles; CA    Odessa, County of Pasco; Florida			
<b>13. PROPOSED PROJECT:</b> * Start Date      * Ending Date 01/01/08      08/31/10		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant      b. * Project CA-027      CA-027; FL-005	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:    * First Name      Middle Name      * Last Name      Suffix: Michael      William      McDowell			
Position/Title: Program Manager      * Organization Name: Space, Land & Sea Rocketdyne Department: SLS Business Management      Division: * Street 1: 6633 Canoga Avenue      Street 2: * City: Canoga Park      County: Los Angeles      * State: CA      * Zip Code: 91303 * Country: U.S.A. * Phone Number (818) 586-5256      Fax Number: (818) 586-1191      * Email: Michael.mcdowell@hsr.utc.com			

RECEIVED

JAN 28 2008

STATE CLEARING HOUSE

**SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding      \$4,373,803.00 b. * Total Federal & Non-Federal Funds      \$4,373,803.00 c. * Estimated Program Income      \$0	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE:      28 January, 2008  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
--	---

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting forms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**  
  

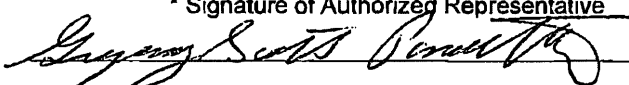
☒ \* I agree

\* The list of certifications and assurances, or an internet site where you may obtain this, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**  

Prefix: * First Name	Middle Name	* Last Name	Suffix:
Gregory	Scott	Pomatto	

* Position Title:    Contract Administrator	* Organization:    Hamilton Sundstrand Corporation		
Department:        Contracts	Division:            Space, Land & Sea Rocketdyne		
* Street 1:          6633 Canoga Ave.	Street 2:		
* City      Canoga Park	County:    Los Angeles	State:      CA	* Zip Code:
* Country:			
* Phone Number:	Fax Number:	* Email:	

\* Signature of Authorized Representative  


\* Date Signed  
28 January 2008

**20. Pre-application: If Submitting a Preapplication, Provide Summary Description of Project**

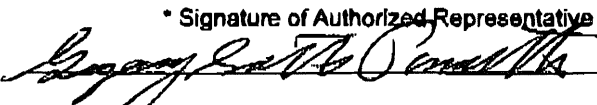
**21. Additional list of Project Congressional Districts if needed:**

OMB Number: 4040-001  
 Expiration Date: 4/30/2008

<b>APPLICATION FOR FEDERAL ASSISTANCE</b> <b>SF 424 (R&amp;R)</b>		<b>2. DATE SUBMITTED</b> 28 January, 2008	<b>Applicant Identifier</b>
<b>1. * TYPE OF SUBMISSION</b>		<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		<b>4. Federal Identifier</b> DE-FG36-08GO18030	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>           JAN 28 2008           STATE CLEARING HOUSE       </div>
<b>5. APPLICANT INFORMATION</b>		* Organizational DUNS: 785331732	
* Legal Name: Hamilton Sundstrand Corporation		Division: Space, Land & Sea Rocketdyne	
Department:		Street 1: 8633 Canoga Ave	
* Street 1: 8633 Canoga Ave		Street 2:	
* City: Canoga Park		County: Los Angeles	
* Country: U.S.A.		* State: CA   * ZIP Code: 91303	
Person to be contacted on matters involving this application: Prefix:   * First Name   Middle Name   * Last Name   Suffix: Gregory   Scott   Pomatto * Phone Number: (818) 586-8145   Fax Number: (818) 586-1191   * Email: gregory.pomatto@pwr.utc.com			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 061543584		<b>7. * TYPE OF APPLICANT: Q</b> Select Appropriate Applicant Type Code	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		Other (Specify): Small Business Organization Type <input type="checkbox"/> Woman Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es): <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (Specify)		<b>9. * NAME OF FEDERAL AGENCY:</b> Department of Energy	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.041 Title: State Energy Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Solar Power Tower Receiver Development			
<b>12. * AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.) Los Angeles, County of Los Angeles; CA			
<b>13. PROPOSED PROJECT:</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>	
* Start Date	* Ending Date	a. * Applicant	b. * Project
01/01/08	08/31/08	CA-027	CA-027
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>			
Prefix:   * First Name   Middle Name   * Last Name   Suffix: Michael   William   McDowell			
Position/Title: Program Manager		* Organization Name: Space, Land & Sea Rocketdyne	
Department: SLS Business Management		Division:	
* Street 1: 8633 Canoga Avenue		Street 2:	
* City: Canoga Park		County: Los Angeles	
* Country: U.S.A.		* State: CA   * Zip Code: 91303	
* Phone Number (818) 586-5258		Fax Number: (818) 586-1191   * Email: Michael.mcdowell@hsr.utc.com	

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

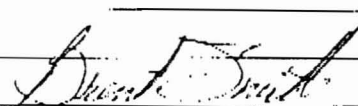
Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding      \$2,863,630.00 b. * Total Federal & Non-Federal Funds    \$2,863,630.00 \$0 c. * Estimated Program Income	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: 28 January, 2008  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																								
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting forms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>  <div style="text-align: center;"> <input checked="" type="checkbox"/> * I agree         </div> <p style="font-size: small;">* The list of certifications and assurances, or an internet site where you may obtain this, is contained in the announcement or agency specific instructions.</p>																									
<b>19. Authorized Representative</b>  <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Prefix: * First Name</td> <td style="width: 20%;">Middle Name</td> <td style="width: 30%;">* Last Name</td> <td style="width: 20%;">Suffix:</td> </tr> <tr> <td>Gregory</td> <td>Scott</td> <td>Pomatto</td> <td></td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">* Position Title: Contract Administrator</td> <td style="width: 60%;">* Organization: Hamilton Sundstrand Corporation</td> </tr> <tr> <td>Department: Contracts</td> <td>Division: Space, Land &amp; Sea Rocketdyne</td> </tr> <tr> <td>* Street 1: 8833 Canoga Ave.</td> <td>Street 2:</td> </tr> <tr> <td>* City: Canoga Park</td> <td>County: Los Angeles</td> </tr> <tr> <td></td> <td>State: CA</td> </tr> <tr> <td>* Country:</td> <td>* Zip Code:</td> </tr> <tr> <td>* Phone Number:</td> <td>Fax Number:</td> </tr> <tr> <td></td> <td>* Email:</td> </tr> </table> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           * Signature of Authorized Representative   </div> <div style="width: 45%;">           * Date Signed            28 JANUARY, 2008         </div> </div>		Prefix: * First Name	Middle Name	* Last Name	Suffix:	Gregory	Scott	Pomatto		* Position Title: Contract Administrator	* Organization: Hamilton Sundstrand Corporation	Department: Contracts	Division: Space, Land & Sea Rocketdyne	* Street 1: 8833 Canoga Ave.	Street 2:	* City: Canoga Park	County: Los Angeles		State: CA	* Country:	* Zip Code:	* Phone Number:	Fax Number:		* Email:
Prefix: * First Name	Middle Name	* Last Name	Suffix:																						
Gregory	Scott	Pomatto																							
* Position Title: Contract Administrator	* Organization: Hamilton Sundstrand Corporation																								
Department: Contracts	Division: Space, Land & Sea Rocketdyne																								
* Street 1: 8833 Canoga Ave.	Street 2:																								
* City: Canoga Park	County: Los Angeles																								
	State: CA																								
* Country:	* Zip Code:																								
* Phone Number:	Fax Number:																								
	* Email:																								
<b>20. Pre-application: If Submitting a Preapplication, Provide Summary Description of Project</b>																									
<b>21. Additional list of Project Congressional Districts if needed:</b>																									

 OMB Number: 4040-001  
 Expiration Date: 4/30/2008

Version 7/03

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
SIERRA ECONOMIC DEVELOPMENT CORPORATION		Department:	
Organizational DUNS:		Division:	
08-885-6885			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street:		Prefix:	First Name:
560 WALL STREET, STE. F			BRENT
City:		Middle Name:	
AUBURN			
County:		Last Name:	
PLACER		SMITH	
State:	Zip Code:	Suffix:	
CA	95603		
Country:		Email:	
USA		brent@sodd.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-1705043		(530) 823-4703	(530) 823-4142
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)			
Other (specify)		Other (specify) EDD	
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
11-302		ECONOMIC DEVELOPMENT ADMINISTRATION	
TITLE (Name of Program):		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
		ECONOMIC DEVELOPMENT PLANNING PROGRAM	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc):		14. CONGRESSIONAL DISTRICTS OF:	
EL DORADO, NEVADA, PLACER & SIERRA COUNTIES		a. Applicant	
13. PROPOSED PROJECT		b. Project	
Start Date:	Ending Date:	JOHN DOOLITTLE 4	
04/01/2008	03/31/2009	JOHN DOOLITTLE 4	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 76,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE: 1/30/08	
c. State	\$	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 76,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 152,000		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix	First Name	Middle Name	
	BRENT		
Last Name	Suffix		
SMITH			
b. Title	c. Telephone Number (give area code)		
PRESIDENT / CEO	(530) 823-4703		
d. Signature of Authorized Representative	e. Date Signed		
	1/30/08		

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Prescribed by OMB Circular A-102

INSTRUCTIONS FOR THE SF-424